

FEDERAL RESERVE SYSTEM**Sunshine Act Meeting**

TIME AND DATE: 11:00 a.m., Monday, July 31, 2000.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Lynn S. Fox, Assistant to the Board; 202-452-3204.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: July 21, 2000.

Robert deV. Frierson,

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[Program Announcement 00101]

Announcement of a Cooperative Agreement with the American Indian Higher Education Consortium (AIHEC) To Enhance Research, Infrastructure, and Capacity Building Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the availability of fiscal year (FY) 2000 funds for a cooperative agreement program with the American Indian Higher Education Consortium (AIHEC). The purpose of the program is to assist the AIHEC in developing the commitment and capacity of their member institutions to

promote education, development, research, leadership and community partnerships that enhance the participation of American Indians/Alaska Natives in the health professions; and to enhance the health status of American Indians/Alaska Natives in the United States.

The CDC and ATSDR are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010", a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the "Healthy People 2010" objectives which specify improving the health of groups of people bearing a disproportionate burden of poor health as compared to the total population. The framework of "Healthy People 2010" consists of two broad goals which are to:

1. Increase quality and years of healthy life; and
2. Eliminate health disparities.

"Healthy People" is the national prevention initiative that identifies opportunities to improve the health of all Americans. For the conference copy of "Healthy People 2010" visit the internet site: <<http://www.health.gov/healthypeople>>

The life expectancy of Americans has steadily increased. In 1979, when the first "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" was published, average life expectancy was 73.7 years. Based on current mortality experience, babies born in 1995 are expected to live 75.8 years. However, people have become increasingly interested in other health goals, such as preventing disability, improving functioning, and relieving pain and the distress caused by physical and emotional symptoms.

The proportion of the population who assess their current health status positively has not changed substantially during the past decade. In 1987, the percentage was 90.4 percent. During the same period, the percentage of the population reporting that they were limited in major activity due to chronic conditions actually increased from 18.9 percent in 1988, to 21.4 percent in 1995.

Eliminating disparities by the year 2010 will require new knowledge about the determinants of disease and effective interventions for prevention and treatment. It will also require improved access for all to the resources that influence health. Reaching this goal will necessitate improved collection and use of standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions targeting these groups.

Research dedicated to a better understanding of the relationships between health status and income, education, race and ethnicity, cultural influences, environment, and access to quality medical services will help us acquire new insights into eliminating the disparities and developing new ways to apply our existing knowledge toward this goal. Improving access to quality health care and the delivery of preventive and treatment services will require working more closely with communities to identify culturally sensitive implementation strategies.

Although health statistics on race, ethnicity, socioeconomic status and disabilities are sparse, the data we do have demonstrates the volume of work needed to eliminate health disparities. The greatest opportunities for improvement and the greatest threats to the future health status of the Nation reside in the population groups that have historically been disadvantaged economically, educationally and politically.

B. Eligible Applicants

Assistance will be provided only to the American Indian Higher Education Consortium (AIHEC). No other applications are solicited.

The American Indian Higher Education Consortium (AIHEC), a non-profit 501(c)(3) tax exempt organization under the Internal Revenue Code, was formed in October, 1972, by six Indian community colleges with a view toward mobilizing a concerted effort to deal with developmental problems common to them all. AIHEC was established for the purpose of providing or facilitating technical assistance and training programs to assist in the development of its member schools.

AIHEC was established as an exercise in tribal sovereignty with which to meet the expressed needs of each institution's tribal population. AIHEC believes these institutions to be the only ones that comprehensively address the technical development needs of their constituent tribes while promoting and enhancing their tribal cultures and representing the tribes within the broader academic community.

AIHEC is responsible for providing training and assistance based on individual needs and organizational resources. The AIHEC colleges and universities are the most appropriate and qualified institutions to provide services specified under this cooperative agreement because:

1. AIHEC is sponsored in part by 30 member Tribal Colleges and Universities (TCUs) located throughout the United States. The consortium began